State of California—Health and Welfare Agency Form Approved OMB No. 2050—0039 (Expires 9-30-91) Department of Health Services
Toxic Substances Control Division
Sacramento, California See Instructions on Back of Page 6 and Front of Page 7 Please print or type. (Form designed for use on elite (12-pitch typewriter). Manifest Document No. 1. Generator's US EPA ID No. 2. Page 1 UNIFORM HAZARDOUS Information in the shaded areas CA, X0, 00, 10, 364 WASTE MANIFEST is not required by Federal law 3. Generator's Name and Mailing Address A. State Manifest Document Number PARA PLATE 15910 Shoemaker, Cerritos, CA B. State Generator's ID 90701 4. Generator's Phone (218 404-3434 1-800-852-7550 5. Transporter 1 Company Name US EPA ID Number C. State Transporter's ID D. Transporter's Phone OMEGA RECOVERY SERVICES Q 421 245 q 7. Transporter 2 Company Name US EPA ID Number E. State Transporter's ID F. Transporter's Phone 9. Designated Facility Name and Site Address G. State Facility's ID US EPA ID Number Omega Recovery Services C | A D | D | 4 | 2 | 2 | 4 | 5 | 0 | 0 | H. Facility's Phone 12504 E. Whittier Blvd. CAP 042, 245 001 213/698-0991 Whittier, CA 90602 13. Total Quantity 14. Unit Waste No. 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) No. Туре State Waste ORM-A NOS NA 1693 ORM-A G GHZHR (FLEXOSOLVENT) State 1-800-424-8802 EPA/Other State EPA/Other CENTER EPA/Other RESPONSE K. Handling Codes for Wastes Listed Above J. Additional Descriptions for Materials Listed Above 0 C. 15. Special Handling Instructions and Additional Information Profile No. CALL 16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. SPILL If I am a large quantity generator, I certify that 'have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste. OR EMERGENCY generation and select the best waste management method that is available to me and that I can afford Month Day Printed/Typed Name Day Year AN Printed/Typed Name nobea 5 18. Transporter 2 Acknowledgement of Receipt of Materials Day Printed/Typed Name Signature 19. Discrepancy Indication Space 20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in them 19. Day Printed/Typed Name

DHS 8022 A (1/88)

EPA 8700-22 (Rev. 9-88) Previous editions are obsolete.

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White: TSDF SENDS THIS COPY TO DOHS WITHIN 30 DAYS To: P.O. Box 3000, Sacramento, CA 95812

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